MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14415

CERTIFICATE OF DEATH

Reg. Dist. No. 05

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 4; LENGTH OF STAY (in this place) always; HOSPITAL OR INSTITUTION OR STREET ADDRESS; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) ANDERSON

4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1952.

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower | 8. DATE OF BIRTH: Feb 8 1867 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months 10 Days 12. | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer. | 10b. KIND OF BUSINESS OR INDUSTRY: own farm | 11. BIRTHPLACE (State or foreign country): Cecil Co Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Anderson. | 14. MOTHER'S MAIDEN NAME: Evaline Euming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Howard W. Anderson Elkton #4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with paralysis

(c)

331+

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1952, to 12-20 1952, that I last saw the deceased alive on 12/19, 1952, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE R W Anderson (Degree or title) MD. ADDRESS Rising Sun Md DATE SIGNED 12-22-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 12/23/52 | NAME OF CEMETERY OR CREMATORY Moore's Chapel cem. | LOCATION (City, town, or county) (State) Cecil co. Maryland.

DATE REC'D BY LOCAL REG. Dec 22 1952 | REGISTRAR'S SIGNATURE L M Worthington | 24. FUNERAL DIRECTOR William E. Johnston | ADDRESS Offord Pa.

VS. A1

RECEIVED
DEC 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

14416

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge, Maryland
STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) LEE (Last) ANDERSON

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ---

8. DATE OF BIRTH: 12-12-52

9. AGE last birthday: ✓ yrs. If under 1 year: Months; Days: 1; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wilho W. Anderson

14. MOTHER'S MAIDEN NAME: Mary Ann Bonini

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: c/o W.E. Buck
Father Wilho W. Anderson, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Neonatal Atelectasis	30 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

764.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 1952, to 12-13, 1952, that I last saw the deceased alive on 12-13, 52, and that death occurred at 0640 a. m., from the causes and on the date stated above.

SIGNATURE: James A. Manning
(Degree or title)
ADDRESS: JAMES A. MANNING LTJG MC USNR U. S. NAVAL HOSPITAL, BAINBRIDGE, MD.
DATE SIGNED: 12-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
DATE: 12-13-52
NAME OF CEMETERY OR CREMATORY: West Nottingham Cemetery
LOCATION (City, town, or county) (State): Colora, Maryland

DATE REC'D BY LOCAL REG.: 12-16-52
REGISTRAR'S SIGNATURE: Dorothy B. Brumble
24. FUNERAL DIRECTOR ADDRESS: Lee A. Patterson & Son
Perryville, Md.

20V2212322

RECEIVED
DEC 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

14417

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil. STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rte Elkton
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton R.D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rte Elkton
STREET ADDRESS (If rural, give location) Elkton R.D. 1

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Jonathan (Last) Austin
4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 19 52

5. SEX M
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 2 1866
9. AGE last birthday 86 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Undertaker
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Hilo H.I.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stafford Austin
14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Barbara A Austin Elkton RD md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) angina pectoris

420.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1951, to Dec 22, 1952, that I last saw the deceased alive on Dec 22, 1952, and that death occurred at 5 P m. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Nathaniel J. Lucas M.D. Newark Del 12-23-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 24/52
NAME OF CEMETERY OR CREMATORY Cherry Hill
LOCATION (City, town, or county) New Elkton (State) Md.

DATE REC'D BY LOCAL REG. Dec 24
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Tappan & Son
ADDRESS Elkton, Md.

RECEIVED
DEC 29 19
BUREAU V. S.

14418

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 12 hours — HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WESLEY (Last) BARTON

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1952

5. SEX: M. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: 2-7-1921 — 9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: Farmer. — 11. BIRTHPLACE (State or foreign country): Berman West Va. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Emerson Barton — 14. MOTHER'S MAIDEN NAME: Virgie Bostick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 230-24-2839 — 17. INFORMANT AND ADDRESS: Emerson Barton, North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E812.4

Immediate cause (a) Fractured skull Compound.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fract of left lower leg.

(c) Multiple Lacerations & abrasions

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway. — (CITY OR TOWN) Maryville — (COUNTY) Cecil — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 12 10 52 5:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Hit by Automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R L Dodson — (Degree or title) MD. D M E — ADDRESS Rising Sun Md. — DATE SIGNED 12-13-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12-14-1952 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) North East — (State) Md

DATE REC'D BY LOCAL REG. Dec 14 — REGISTRAR'S SIGNATURE H Frazer — 24. FUNERAL DIRECTOR Joseph T Grant — ADDRESS North East Md

RECEIVED
DEC 17
BUREAU V. S.

14419

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lidie (Middle) Emma (Last) Campbell
4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	July 15, 1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Seamstress	Self-Employed	Port Deposit Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew Campbell	Rachel Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mary Campbell Rising Sun, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Obstruction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

560.5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec 1, 1952 to Dec 26 1952, that I last saw the deceased alive on 12/26, 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R.L. Dodson MD	Rising Sun Md.	12/27-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 30, 1952	Hopewell Cem.	Near Port Deposit, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 29	H Frazer	J. E. Lyon	Rising Sun, Md.

VS-A15

RECEIVED
DEC 31
BUREAU V. A

#478

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1421

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point, Md.

LENGTH OF STAY (in this place): 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: V.A. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D.C. — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington

STREET ADDRESS (If rural give location): 734 New Jersey Ave., N.W.

3. NAME OF DECEASED: (Type or Print) (First) HERBERT (Middle) — (Last) DIXON

4. DATE OF DEATH: (Month) Dec. (Day) 17, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	Negro	Married	4-20-1888	64 yrs.	7	27		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paper hanger	Self employed	Portsmouth, Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tester Dixon, deceased	Emeline ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW-I	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic prostatic carcinoma — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 12-2-1952, to 12-17-, 19 52, that ~~I saw the body after death~~ and that death occurred at 11:15 AM, from the causes and on the date stated above.

~~SIGNATURE~~ (Degree or title) ADDRESS DATE SIGNED

W. OPPLER, M.D., Acte. Chief, Professional Services, VA Hospital, Perry Point, Md. 12-20-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-21-52	Arlington National Cemetery, Ft. Myer, Va.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/20/52	Linda M. Daugherty act Reg.	PENNINGTON & SON, Havre de Grace, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1422

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point

LENGTH OF STAY (in this place): 1yr.4mo.6days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Pr

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenbelt

STREET ADDRESS (If rural give location): 54F Ridge Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
JEROME	(NMI)	EPTER	December	3	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	7-16-1921	31 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerical Work	Government Service Wash. D.C.	New York City	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Max Epter	Rebecca Epter

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	WW II	093-16-9354	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 9557 Cerebral Emboli, multiple, resulting from — Interval Between Onset And Death: Immediate

DUE TO combined Insulin Shock Therapy

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Schizophrenic reaction, catatonic type — Unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 7-27, 1951, to 12-3, 1952 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. — (Official or title): Chief, Professional Services — ADDRESS: VAH, Perry Point, Md. — DATE SIGNED: 12-4-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-3-52	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: Dec 4 1952 — REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Emory's Garage

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford; STREET ADDRESS (If rural, give location) Nottingham Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	M	Farmer	12	12	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Single	2-28-34	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Mech.	Repair Auto's.	Oxford. Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James A, Farmer	Beatrice Walthman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	207-26-1974	James A Farmer, Oxford. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

E12.3

Immediate cause (a) Severence of the Carotid Artery Left side and Left Juglar Vein

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) and laceration of skin and muscles.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Garage	(CITY OR TOWN) Port Deposit	(COUNTY) Cecil	(STATE) Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☒	Not while at work ☐	HOW DID INJURY OCCUR?
12	12	52	1:40 p.m.			Fan blade flew off and hit him in the neck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R.L. Dockum M.D. M.C.	Rising Sun, Md.	12-13-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-16-52	OXFORD	OXFORD Ches. Co. PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 12-52	Lemmington	C. P. Rogers	Oxford Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U S Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5391 N. Lafayette St.

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Joseph (Last) Gibson
4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-8-23
9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): New Orleans, La
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ernest Gibson
14. MOTHER'S MAIDEN NAME: Alice Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Enlisted
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Allie Lee Gibson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple Extreme Chest Injuries

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 40 (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 12 22 52 1245 A. m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Auto Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
H. Hodgson MD Lt MC Kenny Sun Md 12-22-52

23. BURIAL, CREMATION (By) Funeral & Burial — DATE THEREOF 12-24-52 — NAME OF CEMETERY OR CREMATORY Greenstreet Cemetery — LOCATION (City, town, or county) New Orleans, Orleans Parish (State) La.

DATE REC'D BY LOCAL REG. 12/24/52 — REGISTRAR'S SIGNATURE Dorothy D. Rumble — 24. FUNERAL DIRECTOR Elmer E. Trebert — ADDRESS 526 Lewis St. Vicksburg, Miss.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1112.

Reg. Dist. No. 56

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) H. (Last) Gorrell

4. DATE OF DEATH (Month) (Day) (Year) 12 - 4-1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 3-7-1876

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U...

13. FATHER'S NAME John J. Gorrell

14. MOTHER'S MAIDEN NAME Mary E. Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Melvin B. Gorrell, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	1 week.
450.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Gangrene with necrosis - Rt. Foot	22 months
	(c) Generalized arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1952, to Dec 4, 1952, that I last saw the deceased alive on Dec 4, 1952 and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE Daniel D. Dolue (Degree or title) M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 12/5/52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12-7-1952

NAME OF CEMETERY OR CREMATORY Asbury

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Dec 6, 1952

REGISTRAR'S SIGNATURE Ida M. Dougherty Asst Reg.

24. FUNERAL DIRECTOR Lewis Patterson & Son ADDRESS Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14420

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Maryland
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 734 Balls Court, N.W.

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) (Last) HALL

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 1896

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Camden, South Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Essex Carl Hall — Deceased

14. MOTHER'S MAIDEN NAME: Amelia McCauley — Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 59 Hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Arteriosclerotic Cardiovascular Renal Disease — Approx. 10 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operative Trauma and Anesthesia — 59 hours

19a. DATE OF OPERATION: 12-15-52

19b. MAJOR FINDINGS OF OPERATION: Hernia, inguinal, left and urethral stricture

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 10 19 52, to Dec. 17, 19 52, that I last saw deceased alive on Dec. 17, 19 52 and that death occurred at 9:20 P.M., from the causes and on the date stated above.

SIGNATURE E. P. Brannon VA (Degree or title) E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md.

DATE SIGNED 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 12-21-52

NAME OF CEMETERY OR CREMATORY Unknown

LOCATION (City, town, or county) (State) Unknown

DATE REC'D BY LOCAL REGISTRAR Dec 22, 1952

REGISTRAR'S SIGNATURE Ida M. Naughton Act. Regr

24. FUNERAL DIRECTOR Pennington & Son

ADDRESS PENNINGTON & SON, Havre de Grace, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4127

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Perry Point, Maryland
LENGTH OF STAY (in this place): 7 Mo 5 Da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C.
STREET ADDRESS (If rural give location): 1715 Swann Street, N. W.

3. NAME OF DECEASED: (First) BENJAMIN (Middle) F. (Last) HELTON
4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Divorced	Feb. 20, 1890	62 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11 BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Proprietor	Tavern	Ironton, Missouri	USA

13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
JAMES HELTON	Deceased	ELIZABETH ???	Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No:	17. INFORMANT & ADDRESS:
Yes	WW-I	Unknown	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Carcinomatosis, general

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: due to Carcinoma of the testicle

(c)

Interval Between Onset And Death: Unknown

178X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 7, , 1952, to Dec. 12, , 1952, [redacted], and that death occurred at 9:10 P.M., from the causes and on the date stated above.

SIGNATURE: [redacted] (Degree or title) ADDRESS DATE SIGNED

W. OPPLER, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md. 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-13-52	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Dec 15, 1952	Ida M. Daugherty act Reg	PENNINGTON & SON, Havre de Grace, Md.

VS. A-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) No. 7 Collins St.

3. NAME OF DECEASED: (First) William (Middle) [illegible] (Last) Johnson
4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 15-1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Cecil Co Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Westley Johnson
14. MOTHER'S MAIDEN NAME: Julia Mae-?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Julia Johnson-No5. Collins St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 3 Days.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Chronic Cardio vascular disease — Interval between onset and death: Several Months.
DUE TO
(c)

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5 1952, to Dec 6, 1952, that I last saw the deceased alive on Dec 5, 1952, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) MD ADDRESS Chesapeake City Md DATE SIGNED 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/10/52
NAME OF CEMETERY OR CREMATORY St. Marks Cemetry
LOCATION (City, town, or county) Elk Neck, Maryland (State)

DATE REC'D BY LOCAL REG. Dec 10
REGISTRAR'S SIGNATURE H R Frazer
24. FUNERAL DIRECTOR Edw R Bell ADDRESS Wil. Dela.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

MARYLAND STATE DEPARTMENT OF HEALTH 14429

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Conowingo; LENGTH OF STAY (In this place): 15 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Conowingo Rural; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Emma (Last) Keen

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 22, 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New London Chester Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Atwood Montgomery

14. MOTHER'S MAIDEN NAME: Elizabeth Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Genevieve Keen Woodbridge N.J.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemmorhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. LeRoy Dodson (Degree or title) M.D. ADDRESS: Rising Sun Md. DATE SIGNED: 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 18, 1952 | NAME OF CEMETERY OR CREMATORY: West Nottingham | LOCATION (City, town, or county) (State): Near Colora, Md.

DATE REC'D BY LOCAL REG. Dec 17-52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR ADDRESS: J. E. Tyson, Rising Sun Md.

14430

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge
LENGTH OF STAY (In this place): 4 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge
STREET ADDRESS (If rural, give location): Bldg. 922, Apt. 9

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) LEE (Last) KOSKINEN

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 8-15-52

9. AGE last birthday: yrs. If under 1 year: Months 4 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter K. Koskinen

14. MOTHER'S MAIDEN NAME: Phillis H. Wesley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown) ----- (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. -----

17. INFORMANT AND ADDRESS: Bldg. 922, Apt. 9 Father-Peter K. Koskinen, Bainbridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R. L. Woodson MD DM E | ADDRESS: Bainbridge Md | DATE SIGNED: 12-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal & Burial | DATE THEREOF: 12-16-52 | NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery | LOCATION (City, town, or county) (State): Hibbing, St. Louis, Minn.

DATE REC'D BY LOCAL REG. 12/16/52 | REGISTRAR'S SIGNATURE: Dorothy B. Brambl | 24. FUNERAL DIRECTOR: Lee A. Patterson & Son | ADDRESS: Perryville, Md.

208221407

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14431

Reg. Dist. No. 9r

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural; STREET ADDRESS (If rural give location) Newark Del R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Kurtz

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: no record

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Slovakia

12. CITIZEN OF WHAT COUNTRY? Slovakia

13. FATHER'S NAME: no record

14. MOTHER'S MAIDEN NAME: no record

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Stephen Kurtz

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute hemorrhage from urinary bladder — Interval Between Onset And Death: a few hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Inoperable cancer of urinary bladder — 6 mo.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 1952

19b. MAJOR FINDINGS OF OPERATION Huge inoperable papilloma (adenoma) of urinary bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15/52, 19 ..., to 12-31-52, 19 ., that I last saw the deceased alive on 12-30-52, 19 .., and that death occurred at 6 15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wallace M Johnson M.D. Newark Dela Dec 31, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan 2-1953

NAME OF CEMETERY OR CREMATORY St Johns

LOCATION (City, town, or county) (State) Newark Del R.F.D.

DATE REC'D BY LOCAL REGISTRAR Dec 31

REGISTRAR'S SIGNATURE H Frazer

24. FUNERAL DIRECTOR R.J. Jones

ADDRESS Newark, Del

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2139

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East | LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) La Monica (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 27-1878 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months 7 Days 3 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman | 10b. KIND OF BUSINESS OR INDUSTRY: Real Estate | 11. BIRTHPLACE (State or foreign country): Italy | 12. CITIZEN OF WHAT COUNTRY? USA 3/13/45 Elkton Md

13. FATHER'S NAME: Vincent La Monica | 14. MOTHER'S MAIDEN NAME: Vincenza Palavicia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Anthony La Monica

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis (acute) — 4 hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cystic Pulmonary Fibrosis — 2 years

(c) Hypertrophy of Heart. — 3 years

(Hypertension) — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 19 52, to Dec 31, 19 52, that I last saw the deceased alive on Nov 2, 19 52, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James L. Johnson M.D. 245 E. 10th St. Chester Md 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-3-1953 | NAME OF CEMETERY OR CREMATORY New Immaculate Conception | LOCATION (City, town, or county) Elkton R.D. Cecil Co (State) Md

DATE REC'D BY LOCAL REG. Jan 2-1953 | REGISTRAR'S SIGNATURE Sarah E. Rothermel | 24. FUNERAL DIRECTOR Joseph R Grant North East, Md | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4133

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 268 Mackall St.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) SIDNEY (Last) MARVEL
4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 20 1902
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Insurance agent
10b. KIND OF BUSINESS OR INDUSTRY: Life Insurance
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James T. Marvel
14. MOTHER'S MAIDEN NAME: Cora Fields
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-14-1925
17. INFORMANT & ADDRESS: Elizabeth Marvel 268 Mackall St. Elkton Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4 3/4 Immediate cause	(a) Ventricular fibrillation	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Acute Myocarditis	2 days
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ... m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20 1952, to Dec 22, 1952, that I last saw the deceased alive on Dec 22, 1952, and that death occurred at 9.45 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Harry Morris M.D.
ADDRESS Chesapeake City Md.
DATE SIGNED 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 27 1952
NAME OF CEMETERY OR CREMATORY Georgetown Cemetery
LOCATION (City, town, or county) Rural Galena (State) Md.
DATE REC'D BY LOCAL REGISTRAR Dec 27
REGISTRAR'S SIGNATURE H. F. Frazer
24. FUNERAL DIRECTOR ADDRESS Edward Pellour Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 1443

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East; STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	GARFIELD	MONTGOMERY JR	12	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	WHITE	SINGLE	12-24-52	yrs.	—	—	—	10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	North East Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Garfield Montgomery Sr	Wanda Dubbens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Wanda Dubbens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
776K Immediate cause	(a) Premature Birth	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-24, 1952, to 12-24, 1952 that I last saw the deceased alive on 12-24, 1952, and that death occurred at 5.25 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C B Collins		North East Md	12-26-1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-26-52	Methodist	North East	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 26	Sarah E. Rothermel	Joseph A Grant	North East Md

10V217263

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]13.

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 450 North St. Elkton

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKton
STREET ADDRESS (If rural, give location) 450 North St.

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Miller (Last) PRATT

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6 Sept. 1897

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Factory~~ Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Little Rock Ark.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George N. Miller

14. MOTHER'S MAIDEN NAME: Margaret Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) unknown

17. INFORMANT & ADDRESS: Edmund Pratt, Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

175 Immediate cause (a) Ovarian Carcinoma — Interval Between Onset and Death: 2 1/2 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: August 1, 1950

19b. MAJOR FINDINGS OF OPERATION: Multilocular cystic Tumors of both ovaries

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 2, 19 51, to Dec. 20, 19 52, that I last saw the deceased alive on Dec. 20, 19 52, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

L. Pell Andrews M.D. Elkton 12/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/22/52 — NAME OF CEMETERY OR CREMATORY: Cherry Hill Methodist Cem. — LOCATION (City, town, or county) (State): Cherry Hill, Cecil, Md.

DATE REC'D BY LOCAL REG. Dec 22 — REGISTRAR'S SIGNATURE: H. Frazer

24. FUNERAL DIRECTOR: H. Walter du Bois, Jr. — ADDRESS: Elkton

443

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rd 2.; LENGTH OF STAY (In this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R D 2.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DELLA	MAY	REA	12	13	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	White	Married	7-24-1899	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housework		Harlan Co Ken.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown Ring	Lexton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	233-32-0313	John Rea; Elkton R D 2 Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Coronary;	
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R E Dodson MD	Dm E	Rising Sun Md	12-13-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-17-52	Elkton Cemetery	Elkton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 16	H H Frazer	H. Walter du Burg Jr.	Elkton, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 18 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Akw Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md — STREET ADDRESS (If rural, give location) Akw Ave.

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) FRANKLIN (Last) Rogers

4. DATE OF DEATH: (Month) Dec 31, (Day) (Year) 1952

5. SEX: M.

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 24, 1901

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook.

10b. KIND OF BUSINESS OR INDUSTRY: Boardinghouse

11. BIRTHPLACE (State or foreign country): Elkton Station

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Floyd Rogers

14. MOTHER'S MAIDEN NAME: Rachael Cosner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Elizabeth Rogers Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	3 hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1952, to Dec 31, 1952 that I last saw the deceased alive on Dec 30, 1952 and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin L. Wademan M.D. — ADDRESS Havre de Grace — DATE SIGNED 1/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Jan 3 1953 — NAME OF CEMETERY OR CREMATORY Union Cemetery — LOCATION (City, town, or county) Elkton, Cecil (State) Md

DATE REC'D BY LOCAL REG. Jan 5, 1953 — REGISTRAR'S SIGNATURE Ida M. Daugherty Act Reg. — 24. FUNERAL DIRECTOR H. W. Pickering Son — ADDRESS Elkton Md

VS. 4-5-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

113

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown — LENGTH OF STAY (In this place) 12 yr. — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JULIAN (Middle) HICKS (Last) ROSS

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-7-1885

9. AGE Last birthday: 67 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Messenger

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Market Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clinton Ross.

14. MOTHER'S MAIDEN NAME: Dora Rimmel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 159-10-9213

17. INFORMANT AND ADDRESS: Louise Ross, Charlestown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420. Immediate cause (a) Acute Coronary. — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R L Dodson MD DM E — ADDRESS: Kenny Dale Md. — DATE SIGNED: 12-1-52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-4-1952 — NAME OF CEMETERY OR CREMATORY: Charlestown — LOCATION (City, town, or county) (State): Charlestown, Cecil Co Md

DATE REC'D BY LOCAL REG. 12-3-52 — REGISTRAR'S SIGNATURE: Sarah E. Rothwell

24. FUNERAL DIRECTOR — ADDRESS: Joseph R Frank North East Md

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14430

Reg. Dist. No. 9-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ■uses of death clearly an■ legibly.

VS. A■

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun
LENGTH OF STAY (in this place): 68 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) James (Last) Snyder Sr.

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 27 1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building Construction

11. BIRTHPLACE (State or foreign country): Rising Sun, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Snyder

14. MOTHER'S MAIDEN NAME: Carolyn Krauss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 21-61-6217

17. INFORMANT AND ADDRESS: Mrs. Mary Snyder Rising Sun, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myo. Cerebral Insufficiency	6 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Renal Disease	3 Yrs.
	(c)	

4412X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1952, to Dec 29, 1952, that I last saw the deceased alive on Dec 28, 1952, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. W. Richards M.D. Rising Sun Md. 12-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan. 1, 1953

NAME OF CEMETERY OR CREMATORY: West Nottingham

LOCATION (City, town, or county) (State): Near Colora, Md.

DATE REC'D BY LOCAL REG.: Dec 31-52

REGISTRAR'S SIGNATURE: L. M. Mennigfield

24. FUNERAL DIRECTOR: J. E. Tyson ADDRESS: Rising Sun, Md.

14440

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The space is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 North Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) 39 North Main

3. NAME OF DECEASED (Type or Print): (First) Cecil (Middle) A. (Last) Strout
4. DATE OF DEATH: (Month) (Day) (Year) 12- 11-1952 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-20-1879
9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Office.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore H. Strout
14. MOTHER'S MAIDEN NAME: Sarah Sauter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-0716 A
17. INFORMANT AND ADDRESS: Howard E. Strout, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Prostate Cerebral Metastasis 6 months 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture Rt Hip — 7 wks

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Petit mal — 15yrs

19a. DATE OF OPERATION: Nov-2-1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Prostate =
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Home: Port Deposit, Cecil, Md -
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 11-1952 a. m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell -

22. I hereby certify that I attended the deceased from Oct 11-, 1952, to Dec 10, 1952, that I last saw the deceased alive on Dec 10, 1952, and that death occurred at 10.10 P.M., from the causes and on the date stated above.

SIGNATURE: E. F. Benson (Degree or title) M.D. ADDRESS: Port Deposit, Md - DATE SIGNED: 12/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-14-1952
NAME OF CEMETERY OR CREMATORY: West Nottingham
LOCATION (City, town, or county) (State): Colora, Md.

DATE REC'D BY LOCAL REG.: Dec 13 1952
REGISTRAR'S SIGNATURE: Ida M. Daugherty Act Reg.
24. FUNERAL DIRECTOR: Lee A. Patterson & Son
ADDRESS: Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 26yr.1mo.2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pennsylvania — COUNTY: Cambria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Amsbry
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) GERALD (Middle) C. (Last) SULLIVAN

4. DATE OF DEATH: (Month) December (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-7-1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Dudley, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Sullivan - Deceased

14. MOTHER'S MAIDEN NAME: Catherine (maiden name unknown)

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4

Immediate cause (a) Coronary occlusion, secondary to — Interval Between Onset And Death: Immediate

DUE TO (b) Myocarditis, chronic, moderately severe — Unknown

Antecedent causes (c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 11-12 ,19 26, to 12-14- ., 19.52 , [redacted], and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE, (Degree or title) ADDRESS DATE SIGNED

W. OPPLER, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md. 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 12-15-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 16 1952 — REGISTRAR'S SIGNATURE: Ida M. Douglass act Reg

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 11 mo. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 817 - 22nd St., N.W.
STREET ADDRESS (If rural, give location): Washington

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) (NMI) (Last) WASHINGTON

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 13, 1919

9. AGE last birthday: 33 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Fayetteville, N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebrovascular hemorrhage following — Interval between onset and death: Immediate

DUE TO electroshock therapy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

(225)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Syphilis, meningo-encephalitic type, with psychotic reaction -- Treated. — 18 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 1-9, 1952, to 12-12, 1952, that I last saw the deceased and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — 12-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 12-17-52

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. Dec 17, 1952

REGISTRAR'S SIGNATURE: Ida M. Daugherty, act Reg

24. FUNERAL DIRECTOR — ADDRESS

PENNINGTON & SON, Havre de Grace, Md.

Felon G144-12/24/52
mnt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14443

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 7yr.4mo.4days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Delaware — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural give location): 614 Jefferson

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) (NMI) (Last) WHEATLEY

4. DATE OF DEATH: (Month) December (Day) 14 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-9-1899

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Erector

10b. KIND OF BUSINESS OR INDUSTRY: Unknown Jones Corp.

11. BIRTHPLACE (State or foreign country): New Market, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Wheatley Unknown

14. MOTHER'S MAIDEN NAME: Unknown Minnie Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Coronary Insufficiency — Interval Between Onset And Death: Immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis, severe — Unknown

DUE TO

(c) Arteriosclerotic heart disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Syphilis of the Central Nervous System - Meningo-encephalitic type — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1945, to 12-14, 1952 and that death occurred at 4:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 12-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 12-16-52 — NAME OF CEMETERY OR CREMATORY East New Market — LOCATION (City, town, or county) (State) East New Market, Md.

DATE RECD BY LOCAL REGISTRAR Dec 16, 1952 — REGISTRAR'S SIGNATURE Ida M. Daugherty not Reg. — 24. FUNERAL DIRECTOR Herbert Hirzel — ADDRESS HIRZEL FUNERAL HOME, 305 W. 4th St. Wilm. Del.

VS. A15

RECEIVED
DEC 19 1952
BUREAU V. S.

14444

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): Landing Lane

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Ruben (Last) Willis
4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 23, 1867
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Cecil Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Willis
14. MOTHER'S MAIDEN NAME: Katherine Segars

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Albert Willis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4424

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/35, to 12/8/52, that I last saw the deceased alive on 12/7/52, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE: Herbert Bates (Degree or title) M. D. ADDRESS: Elkton Md DATE SIGNED: 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/10/52
NAME OF CEMETERY OR CREMATORY: Immaculate Conception
LOCATION (City, town, or county) (State): Elkton Md.

DATE REC'D BY LOCAL REG.: Dec 9
REGISTRAR'S SIGNATURE: H. R. Frazer
24. FUNERAL DIRECTOR: [signature] ADDRESS: Elkton, Md.

RECEIVED
DEC
BUREAU V. S.